**DECLARATION FOR UTILITY OR** 

310307.00004

Gary A. Dahl

PTO/SB/01 (10-01)
Approved for use through 10/31/2002.
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

DESIG	First Named Inv	First Named Inv_ntor Gary A. Dahl					
PATENT APPLICATION		CC	COMPLETE IF KNOWN				
(37 CFR 1.63)		Application Nun	nber				
Declaration Submitted OR with Initial	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date					
		Group Art Unit					
Filing		Examiner Name					
As a below named inventor, I hereby declare that:							
My residence, mailing address, an	d citizenship are as stated	d below next to my nam	ie.				
I believe I am the original and first entitled:	inventor of the subject ma	atter which is claimed a	nd for which a	patent is sought on the invention			
METHODS FOR USING		OR STRAND DISPL	ACEMENT	REPLICATION OF			
	TARGET	SEQUENCES					
				/			
	(Title of the	e Invention)	<u> </u>				
the specification of which							
is attached hereto							
OR		<del></del>					
was filed on (MM/DD/YYYY)		as United St	ates Applicatio	on Number or PCT International			
Application Number							
Application Number and was amended on (MM/DD/YYYY) (if applicable).							
I hereby state that I have reviewed amended by any amendment spec	I and understand the cont cifically referred to above.	tents of the above ident	ified specificat	ion, including the claims, as			
Lacknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-							
in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO			
	-	,					
			Ħ				
_							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
[Page 1 of 2]							

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-01)
Approved for use through 10/31/2002.
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

i Directali correspondence io: i i	Customer Nu r Bar Code	1 / 1	6735		OR	Correspondence address below
Name Sara D. Vinarov						
Address Quarles & Brady LLP						
P O Box 2113				<del>,</del>		
City Madison				State	WI	57301-2113 ZIP
US Country		Telephon	608/25 e	1-5000	י	608/251-9166 Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:					ed for this unsigned inventor	
Given Name Gary A. (first and middle [if any])			Family Name Dahl or Surname			
Inventor's Signature						Date
Residence: City State			State	Country		Citizenship
Mailing Address						
Mailing Address						
City	State		ZIP		Country	
NAME OF SECOND INVENTOR	•			A petit	tion has been fil	ed for this unsigned inventor
			Family Name Jendrisak or Surname			
Inventor's Signature Date						
Residence: City			State		Country	Citizenship
Mailing Address						
Mailing Address						
City	State		ZIP		Country	
Additional inventors are being named on the 1_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

Please type a plus sign (+) inside this box	_	_
ricuse type a plus sign (*) mside tills box		-

Please type a plus sign (+) inside this box + + PTO/SB/02A (11-00)
Approved for use through 10/31/2002.
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1\_ of 1\_

Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any	])		Fa	mily Name o	Surname		
Agnes J.			Radek				
Inventor's Signature					Date		
Residence: City	State	State Country			Citizenship		
Mailing Address							
Mailing Address							
City	State		ZIP Cour		itry		
Name of Additional Joint Inventor, if ar	ame of Additional Joint Inventor, if any:				this unsigned inventor		
Given Name (first and middle [if any	])		Family Name or Surname				
Inventor's Signature					Date		
Residence: City	State		Country		Citizenship		
Mailing Address							
Mailing Address			· 				
City	State		ZIP Co		ountry		
Name of Additional Joint Inventor, if any:							
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature					Date		
Residence: City	State		Country		Citizenship		
Mailing Address							
Malling Address							
City	State		ZIP		Country		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.